



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

Special interests | Increasing work hours
Moving between practices

PART

2

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Executive summary

This is the second of three reports from The Royal New Zealand College of General Practitioners' (the College's) 2018 workforce survey. It contains the results to questions focused on factors that might encourage GPs to increase their hours in general practice, factors that might encourage GPs to remain in general practice, referrals, and practice mobility.

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.

Each year a limited number of questions are included to explore issues of particular interest or concern, and this report covers these questions. In 2018, we investigated issues relevant to the future supply of GPs to meet service demands, the additional expertise of GPs, and the mobility of the workforce. These issues impact on the availability and quality of patient care in terms of access to services and continuity of care. The hours worked by GPs impacts on the availability of services to patients, and with 49 percent of GPs currently working fewer than 36 hours per week in general practice, there is interest in the potential drivers of, or barriers to, increasing working hours.

Increasing working hours

Many GPs work part-time¹ in general practice during their career. Burn-out is less common among respondents working part-time, and patients report increased satisfaction with part-time GPs.²

Many GPs who work part-time in general practice also work in other medically related employment.³ However, New Zealand has a shortage of GPs, and we want to encourage GPs to work the maximum hours per week that they are able to while maintaining a healthy work–life balance.

Respondents were presented with a list of nine factors and asked to select any that might encourage or enable them to increase their current hours/days worked and to identify any other factors. There was also an option of 'nothing would encourage me to increase my current hours/days'.

1 For the purposes of this survey, part-time has been defined as working less than 36 hours per week.

2 Panattoni L, Stone A, Chung S, et al. Patients report better satisfaction with part-time primary care physicians, despite less continuity of care and access. *J Gen Intern Med* 2015; 30:327. Available from: <https://link.springer.com/article/10.1007/s11606-014-3104-6>.

3 The College's 2015 Workforce Survey reported that "34 percent of respondents working part-time in general practice indicated in their answer to a different question that they had medically related paid employment in addition to general practice." (p 33).

- › Over three-quarters of part-time respondents identified at least one factor that would encourage them to increase their hours/days worked in general practice.
- › **Increasing age of children** was the factor most frequently identified as most important (20 percent), followed by **higher remuneration** and a **less stressful working environment** (both 16 percent) and **being able to adjust working hours** around family responsibilities (14 percent).
- › The relative importance of these factors varies depending on the demographics of respondents. For example, ‘children growing older’ and ‘being able to adjust working hours around family responsibilities’ were rated the ‘most important’ by relatively more female respondents. As women make up 69 percent of the part-time workforce, we can anticipate some increase in hours worked as children age.

Retiring later

Over the next 10 years, almost half of respondents (47 percent) intend to retire. This will reduce the size of the general practice workforce considerably, and although the numbers of trainees have increased in recent years, there is an insufficient number of new GPs being added to the GP workforce to replace those retiring GPs.

Encouraging GPs to delay retirement could potentially mitigate this shortage, and therefore a question was included to explore what percentage of GPs intending to retire in the next 10 years might consider delaying retirement and what might encourage them to do so:

- › Eighty-five percent of those intending to retire in the next 10 years identified at least one factor that would encourage them to remain longer in general practice.
- › The most frequently identified factors were:
 - **longer and more frequent holidays** (identified as most important by 16 percent of those who identified at least one factor)
 - **longer appointment times with fewer patients per session** (16 percent overall, but 21 percent of female respondents and 23 percent of long-term employees and contractors)
 - **not having to take part in after-hours care rosters** was identified by 13 percent, rising to 19 percent among rural respondents.
- › **Less stringent recertification requirements** was identified by only 10 percent, but rose to 21 percent among respondents 65 and over, and to 20 percent among respondents intending to retire in the next two years.

Referrals from other doctors

GPs refer patients to other practitioners when the patient would benefit from particular expertise, and in some cases these referrals are to a GP in the same practice or further afield.

In order to obtain baseline information on the percentage of GPs undertaking this more advanced work and to explore the clinical areas in which this was taking place, respondents were asked whether other doctors referred to them, and those receiving referrals were asked about the clinical areas that these related to:

- › **Fifty-two percent of respondents reported receiving referrals.**
 - › Referrals were received in relation to a wide range of range of conditions, procedures and population groups.
 - › Among those 52 percent of doctors, the most frequently identified areas of practice were **skin surgery, long-acting reversible contraception (LARC) insertion or removal, joint injections and contraception.**
-

Mobility between practices

The survey asked College members how long they had been working in their current practice and how likely they were to be in the same practice in 24 months' time. Registrars were not included in the analysis of this data, as they are inherently mobile:

- › On average, non-registrar respondents had been in their current practice for 12.2 years.
 - › **Over a quarter (28 percent) had been in their current practice for more than 20 years;** however, eight percent had been in their current practice for less than a year and a further eight percent for one to two years.
 - › Well over three-quarters (81 percent) stated that in 24 months' time it was likely or extremely likely they would still be working in the practice in which they are currently working.
 - › **Future mobility is higher among respondents who are burnt out or in rural practices.**
-

Foreword

In 2018, The Royal New Zealand College of General Practitioners (the College) undertook its fifth annual membership survey to identify challenges and patterns relating to New Zealand's general practitioner (GP) workforce.

This report is the second of three arising from the 2018 survey, which covered issues not explored in previous surveys, including special interests, practice mobility, and factors influencing the hours GPs work in general practice.

The research gathered in these reports is used by the sector to understand career intentions and respond to concerns in the GP workforce. It's an important piece of work that allows us to plan for the future. I'd like to extend my thanks to all our members who participated in this survey and those who contributed to developing this year's reports.

Previous workforce surveys have affirmed that our GP workforce is ageing, and that nearly half intend to retire within the next 10 years. For this reason, the insights this new report gives us into factors that might encourage experienced GPs to remain in general practice for longer is essential. With 49 percent of GPs currently working part-time, I'm also pleased that the report identifies factors that might enable part-time GPs to increase their hours in general practice.

This report highlights ways we can create a sustainable GP workforce and supportive working environments. It underscores the degree to which GPs are working together to ensure New Zealanders have access to care; more than 50 percent of respondents are accepting referrals from other GPs so more patients can benefit from their particular skills and experience. This data has not been available on a national level before, and having this evidence helps the College advocate on behalf of our members and our profession.

I'm excited about the future of general practice and immensely impressed by the work our members do. We want to harness the knowledge and experience of our experienced GPs as we welcome and support the next generation of registrars.

A strong, sustainable GP workforce will help us provide high-quality health care to all New Zealanders. The insights from this research will help us.



Dr Samantha Murton

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Factors that might encourage or enable GPs to increase the hours they work in general practice

This 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, and this section of the report looks at respondents who worked part-time (defined for the purposes of this survey as less than 36 hours per week).

This definition applies to 49 percent of all respondents or n=1352. All tables are based on the respondents in this subsample who answered the relevant questions, unless otherwise stated.

In this regard, it should be noted that many of the tables are based on a smaller number of respondents (namely n=970). These respondents provided at least one factor that might influence or enable them to work longer hours in general practice.

Not only are changes in the number of GPs important when considering the future supply of general practice services, but also changes in the number of hours they work. Accordingly, respondents working less than 36 hours per week were presented with a list of nine possible factors that might encourage or enable them to work longer hours and asked to select those that might apply to them and their personal situation. They were then asked to indicate which of these factors was the most important.

The first 2018 survey report provides background information on the hours respondents work in general practice. In summary, 49 percent of respondents worked less than 36 hours per week. Female GPs, who make up the majority of younger GPs, work fewer hours per week on average than male GPs, and this difference is most marked between the ages of 35 and 49.

Table 1 in this report shows that most respondents currently working part-time identified at least one factor that would encourage or enable them to increase the hours/days they worked in general practice. Less than one-third (28 percent) stated there was 'nothing' that would encourage or enable them to work more hours/days.

The table lists the factors in order of the 'most important'. Note that the second column is based on those respondents who identified at least one factor (ie the respondents who stated there was nothing that would encourage or enable them to work more hours/days have been excluded).

As expected, one of the relatively highly rated factors relates to being able to adjust working hours around 'family responsibilities, etc' (14 percent rated this as the 'most important'). Relatedly, some respondents stated they will increase their hours/days as their 'children grow older' (20 percent rated this as the 'most important').

Aside from these two factors, another two factors were highly rated; namely 'higher remuneration' and 'less stressful working environment' (both rated as the 'most important' by 16 percent).

Note that a number of other factors rated as ‘most important’ may relate to the importance of working in a less stressful working environment (namely 8 percent rated ‘less emphasis on targets and other bureaucratic requirements’ as ‘most important’ and 7 percent rated ‘increased enjoyment in my work’ as ‘most important’). In other words, a ‘less stressful working environment’ may be even more important in encouraging part-time GPs to increase their hours/days than originally thought.

We have examined the ‘other’ responses to this area of questioning and this comprises a wide range of factors. The most frequently mentioned of these factors relates to respondents reducing their ‘other’ commitments (including academic and management commitments), and less compliance and general paperwork so that more satisfying time is spent consulting patients. Some contracted/salaried respondents also mentioned different employment arrangements (eg being paid for overtime, and sick leave, employer superannuation contributions, greater flexibility in terms of hours of day worked).

Table 1. Factors likely to encourage or enable part-time GPs to increase their current hours/days worked in general practice (n=1352)

| | A factor | Most important factor |
|--|-------------|-----------------------|
| Unweighted base = | 1352 | 970* |
| | % | % |
| Increasing age of children (children growing older) | 30 | 20 |
| Higher remuneration | 38 | 16 |
| Less stressful working environment | 32 | 16 |
| Having more flexibility to adjust my working hours including around family responsibilities | 28 | 14 |
| Less emphasis on targets and other bureaucratic requirements | 29 | 8 |
| Increased enjoyment in my work | 24 | 7 |
| Purchasing an ownership stake in a practice | 10 | 2 |
| Being able to get quality locum cover at short notice | 12 | 2 |
| Better childcare | 9 | 1 |
| Nothing would encourage me to increase my current hours/days worked | 28 | N/A |
| Other | 13 | 10 |
| Total | ** | 100† |

* Subsample of respondents who stated that at least one factor would encourage them to increase their current hours/days worked in general practice. That is, those who stated ‘nothing’ have been excluded.

** Total may exceed 100% because of multiple responses.

† Total may not sum to 100% due to rounding.

20%
of respondents working part-time indicated that the increasing age of their children was the most important factor that would encourage or enable them to increase their current hours worked in general practice

Tables 2–8 examine the results for the question on the ‘most important’ factor that would increase the hours/days worked in general practice by part-time GPs who identified at least one factor that would encourage or enable them to increase their hours worked in general practice.

These tables show that there are significant differences by gender, age, practice location, employment status, annual income, Fellowship status, and the degree to which respondents felt burnt out. Many of these variables are co-related (eg gender and age with employment status and annual income).

- › **Female respondents working part-time** were significantly more likely to rate ‘children growing older’ and having the ‘flexibility to arrange their working hours including around family responsibilities, etc’ as ‘most important’ compared with male respondents working part-time. For example, 25 percent of female respondents working part-time rated ‘children growing older’ as ‘most important’ compared with five percent of male respondents working part-time.
- › **Respondents under 50 years of age** were significantly more likely to rate ‘children growing older’ and having the ‘flexibility to arrange their working hours around family responsibilities, etc’ as ‘most important’ compared with respondents who are over 50 years of age (31 percent and 6 percent respectively, and 19 percent and 8 percent respectively).
- › In comparison, **respondents who are over 50 years of age** were significantly more likely to rate ‘a higher remuneration’ as ‘most important’ compared with respondents who are under 50 years of age (21 percent and 13 percent respectively).
- › **Respondents working in urban-based practices** were significantly more likely to rate ‘a higher remuneration’ as ‘most important’ compared with respondents who are working in rural-based practices (17 percent and 10 percent respectively).
- › **Long-term employees or contractors** were significantly more likely to rate ‘children growing older’ as ‘most important’ compared with short-term employees and contractors (23 percent and 11 percent respectively).
- › **Respondents with annual incomes up to \$125,000** were significantly more likely to rate ‘children growing older’ as ‘most important’ compared with respondents earning over \$125,000. For example, 26 percent of respondents with incomes of up to \$75,000 rated ‘children growing older’ as ‘most important’ compared with 9 percent of those earning from \$125,001 to \$200,000.
- › In comparison, **respondents with annual incomes over \$125,000** were significantly more likely to rate ‘a higher remuneration’ as ‘most important’ compared with respondents who are earning up to \$125,000. For example, 25 percent of respondents with incomes from \$125,001 to \$200,000 rated ‘a higher remuneration’ as ‘most important’ compared with 13 percent for those earning up to \$75,000.
- › **Non-Fellows** were significantly more likely to rate as ‘most important’ having the ‘flexibility to arrange their working hours around family responsibilities, etc’ compared to Fellows (24 percent and 12 percent respectively).
- › **Respondents who stated they felt burnt out** were significantly more likely to rate ‘a less stressful working environment’ as ‘most important’ compared with those who did not feel burnt out (27 percent and 11 percent respectively). A correspondingly smaller percentage of burnt-out respondents than non-burnt-out respondents (9 percent and 28 percent respectively) rated increasing age of children as the most important factor.

Table 2. Factors rated most likely to encourage or enable part-time GPs to increase their current hours/days worked in general practice, by gender (n=966)

| | Total | Male | Female |
|--|-------------|------------|------------|
| Unweighted base = | 966* | 255 | 711 |
| | % | % | % |
| Increasing age of children (children growing older) | 20 | 5 | 25 |
| Less stressful working environment | 16 | 22 | 14 |
| Higher remuneration | 16 | 15 | 16 |
| Having more flexibility to adjust my working hours including around family responsibilities | 14 | 9 | 16 |
| Less emphasis on targets and other bureaucratic requirements | 8 | 13 | 7 |
| Increased enjoyment in my work | 7 | 12 | 5 |
| Purchasing an ownership stake in a practice | 2 | 2 | 2 |
| Being able to get quality locum cover at short notice | 2 | 4 | 2 |
| Better childcare | 1 | 0 | 1 |
| Other | 14 | 18 | 12 |
| Total | 100 | 100 | 100 |

Total may not sum to 100% due to rounding.

* Subsample of respondents who work part-time hours in general practice and who identified at least one factor that would encourage them to increase their current hours/days worked in general practice. That is, those who stated 'nothing' have been excluded.

Table 3. Factors rated most likely to encourage or enable part-time GPs to increase their current hours/days worked in general practice, by age (n=970)

| | Total | Under 50 | Over 50 |
|--|-------------|------------|------------|
| Unweighted base = | 970* | 537 | 433 |
| | % | % | % |
| Increasing age of children (children growing older) | 20 | 31 | 6 |
| Higher remuneration | 16 | 13 | 21 |
| Less stressful working environment | 16 | 15 | 18 |
| Having more flexibility to adjust my working hours including around family responsibilities | 14 | 19 | 8 |
| Less emphasis on targets and other bureaucratic requirements | 8 | 4 | 13 |
| Increased enjoyment in my work | 7 | 5 | 9 |
| Purchasing an ownership stake in a practice | 2 | 3 | 1 |
| Being able to get quality locum cover at short notice | 2 | 1 | 3 |
| Better childcare | 1 | 2 | 0 |
| Other | 14 | 7 | 21 |
| Total | 100 | 100 | 100 |

Total may not sum to 100% due to rounding.

* Subsample of respondents who work part-time hours in general practice and who identified at least one factor that would encourage them to increase their current hours/days worked in general practice. That is, those who stated 'nothing' would have been excluded.

Table 4. Factors rated most likely to encourage or enable part-time GPs to increase their current hours/days worked in general practice, by practice location (n=970)

| | Total | Urban | Not clearly urban or rural | Rural |
|--|-------------|------------|----------------------------|------------|
| Unweighted base = | 970* | 773 | 79 | 118 |
| | % | % | % | % |
| Increasing age of children (children growing older) | 20 | 20 | 18 | 19 |
| Higher remuneration | 16 | 17 | 13 | 10 |
| Less stressful working environment | 16 | 17 | 13 | 15 |
| Having more flexibility to adjust my working hours including around family responsibilities | 14 | 14 | 13 | 14 |
| Less emphasis on targets and other bureaucratic requirements | 8 | 8 | 13 | 7 |
| Increased enjoyment in my work | 7 | 6 | 10 | 10 |
| Purchasing an ownership stake in a practice | 2 | 2 | 0 | 2 |
| Being able to get quality locum cover at short notice | 2 | 2 | 4 | 4 |
| Better childcare | 1 | 1 | 0 | 3 |
| Other | 14 | 13 | 18 | 16 |
| Total | 100 | 100 | 100 | 100 |

Total may not sum to 100% due to rounding.

* Subsample of respondents who work part-time hours in general practice and who identified at least one factor that would encourage them to increase their current hours/days worked in general practice. That is, those who stated 'nothing' have been excluded.

Table 5. Factors rated most likely to encourage or enable part-time GPs to increase their current hours/days worked in general practice, by employment status (n=970)

| | Total | Practice owner/partner | Long-term employee/contractor | Short-term employee/contractor | Other |
|--|-------------|------------------------|-------------------------------|--------------------------------|------------|
| Unweighted base = | 970* | 183 | 630 | 128 | 29† |
| | % | % | % | % | % |
| Increasing age of children (children growing older) | 20 | 17 | 23 | 11 | 7 |
| Higher remuneration | 16 | 19 | 16 | 15 | 7 |
| Less stressful working environment | 16 | 15 | 15 | 23 | 14 |
| Having more flexibility to adjust my working hours including around family responsibilities | 14 | 7 | 16 | 17 | 10 |
| Less emphasis on targets and other bureaucratic requirements | 8 | 14 | 7 | 5 | 14 |
| Increased enjoyment in my work | 7 | 5 | 7 | 9 | 3 |
| Purchasing an ownership stake in a practice | 2 | 0 | 3 | 3 | 0 |
| Being able to get quality locum cover at short notice | 2 | 5 | 2 | 0 | 7 |
| Better childcare | 1 | 0 | 1 | 1 | 0 |
| Other | 14 | 17 | 11 | 16 | 38 |
| Total | 100 | 100 | 100 | 100 | 100 |

Total may not sum to 100% due to rounding.

* Subsample of respondents who work part-time hours in general practice and who identified at least one factor that would encourage them to increase their current hours/days worked in general practice. That is, those who stated 'nothing' have been excluded.

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

Table 6. Factors rated most likely to encourage or enable part-time GPs to increase their current hours/days worked in general practice, by income (n=968)

| | Total | Up to \$75,000 | \$75,001 to \$125,000 | \$125,001 to \$200,000 | More than \$200,000 |
|--|-------------|----------------|-----------------------|------------------------|---------------------|
| Unweighted base = | 968* | 305 | 355 | 248 | 60 |
| | % | % | % | % | % |
| Increasing age of children (children growing older) | 20 | 26 | 22 | 9 | 15 |
| Higher remuneration | 16 | 13 | 12 | 25 | 25 |
| Less stressful working environment | 16 | 15 | 16 | 19 | 5 |
| Having more flexibility to adjust my working hours including around family responsibilities | 14 | 17 | 15 | 13 | 5 |
| Less emphasis on targets and other bureaucratic requirements | 8 | 5 | 9 | 10 | 12 |
| Increased enjoyment in my work | 7 | 7 | 6 | 7 | 12 |
| Purchasing an ownership stake in a practice | 2 | 0 | 3 | 3 | 2 |
| Being able to get quality locum cover at short notice | 2 | 1 | 1 | 2 | 13 |
| Better childcare | 1 | 0 | 1 | 1 | 0 |
| Other | 14 | 16 | 14 | 11 | 12 |
| Total | 100 | 100 | 100 | 100 | 100 |

Total may not sum to 100% due to rounding.

* Subsample of respondents who work part-time hours in general practice and who identified at least one factor that would encourage them to increase their current hours/days worked in general practice. That is, those who stated 'nothing' have been excluded.

Table 7. Factors rated likely to encourage or enable part-time GPs to increase their current hours/days worked in general practice, by Fellows (n=970)

| | Total | Fellow | Non-Fellow |
|--|-------------|------------|------------|
| Unweighted base = | 970* | 794 | 176 |
| | % | % | % |
| Increasing age of children (children growing older) | 20 | 19 | 22 |
| Higher remuneration | 16 | 17 | 12 |
| Less stressful working environment | 16 | 15 | 20 |
| Having more flexibility to adjust my working hours including around family responsibilities | 14 | 12 | 24 |
| Less emphasis on targets and other bureaucratic requirements | 8 | 9 | 5 |
| Increased enjoyment in my work | 7 | 7 | 5 |
| Purchasing an ownership stake in a practice | 2 | 2 | 2 |
| Being able to get quality locum cover at short notice | 2 | 3 | 0 |
| Better childcare | 1 | 1 | 1 |
| Other | 14 | 15 | 9 |
| Total | 100 | 100 | 100 |

Total may not sum to 100% due to rounding.

* Subsample of respondents who work part-time hours in general practice and who identified at least one factor that would encourage them to increase their current hours/days worked in general practice. That is, those who stated 'nothing' have been excluded.

Table 8. Factors rated most likely to encourage or enable part-time GPs to increase their current hours/days worked in general practice, by burn-out (n=970)

| | Total | Not burnt out | Neutral | Burnt out |
|--|-------------|---------------|------------|------------|
| Unweighted base = | 970* | 398 | 347 | 225 |
| | % | % | % | % |
| Increasing age of children (children growing older) | 20 | 28 | 17 | 9 |
| Higher remuneration | 16 | 15 | 16 | 18 |
| Less stressful working environment | 16 | 11 | 15 | 27 |
| Having more flexibility to adjust my working hours including around family responsibilities | 14 | 15 | 17 | 9 |
| Less emphasis on targets and other bureaucratic requirements | 8 | 7 | 9 | 10 |
| Increased enjoyment in my work | 7 | 5 | 8 | 9 |
| Purchasing an ownership stake in a practice | 2 | 2 | 3 | 2 |
| Being able to get quality locum cover at short notice | 2 | 3 | 1 | 2 |
| Better childcare | 1 | 0 | 2 | 1 |
| Other | 14 | 16 | 11 | 13 |
| Total | 100 | 100 | 100 | 100 |

Total may not sum to 100% due to rounding.

* Subsample of respondents who work part-time hours in general practice and who identified at least one factor that would encourage them to increase their current hours/days worked in general practice. That is, those who stated 'nothing' have been excluded.

Factors that might encourage GPs to remain in general practice

This 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, and this section of the report is based on survey respondents who stated they were intending to retire in the next 10 years. This applies to 47 percent of all respondents or n=1331. All tables are based on the respondents in this subsample who answered the relevant questions, unless otherwise stated.

In this regard, it should be noted that many of the tables are based on a smaller number of respondents (namely n=1130). These respondents provided at least one factor that might encourage them to remain longer in general practice before retiring.

Eleven percent of respondents stated they intended to retire in the next two years, a further 16 percent in three to five years' time and another 20 percent in six to 10 years' time. This means that over the next 10 years, almost half intend to retire (47 percent).

Furthermore, over half of respondents who stated they intended to retire in the next five years (54 percent) reported they had already reduced their practice hours. This was also the case for 13 percent of those planning to retire in the next six to 10 years.

Respondents intending to retire in the next 10 years were presented with a list of factors and asked which of the following factors 'might encourage you to remain longer in general practice before retiring'.

Table 9 shows that most respondents intending to retire in the next 10 years identified at least one factor that would result in them remaining in general practice. Fifteen percent stated there was 'nothing' that would result in them remaining.

The table lists the factors in order of the 'most important'. Note that the second column is based on those respondents who identified at least one factor (ie the respondents who stated there was nothing that would result in them remaining in general practice have been excluded).

Ten percent or more of respondents rated as 'most important' one of the following five factors: 'longer appointment times or fewer patients per session' (16 percent), being able to 'have longer or more frequent holidays' (16 percent), 'not having to take part in after-hours care rosters' (13 percent), 'higher remuneration' (12 percent), and 'less stringent recertification requirements' (10 percent).

Longer appointment times or fewer patients per session and being able to have longer or more frequent holidays were the factors rated most important by respondents

Table 9. Factors likely to encourage GPs retiring in 10 years or less to remain longer in general practice (n=1331)

| | A factor | Most important factor |
|--|-------------|-----------------------|
| Unweighted base = | 1331 | 1130* |
| | % | % |
| Longer appointment times or fewer patients per session | 43 | 16 |
| Being able to have longer or more frequent holidays | 48 | 16 |
| Not having to take part in after-hours care rosters | 41 | 13 |
| Higher remuneration | 41 | 12 |
| Less stringent recertification requirements | 40 | 10 |
| Having more flexibility to adjust my working hours | 35 | 8 |
| Being able to get quality locum cover at short notice | 32 | 4 |
| Being able to relinquish ownership in the practice | 17 | 4 |
| Being able to step back from management and governance responsibilities | 19 | 3 |
| Financial support for CPD | 21 | 1 |
| The practice adopting a Health Care Home model | 4 | 1 |
| More administrative support | 18 | 1 |
| More practice nurse support for clinical tasks | 18 | 1 |
| Improved access to CME | 11 | 0 |
| Being part of a support network of other doctors | 11 | 0 |
| Nothing would encourage me to remain longer in general practice | 15 | N/A |
| Other | 14 | 12 |
| Total | † | 100‡ |

* Subsample excluding those GPs who said that nothing would encourage them to remain in general practice.

† Total may exceed 100% because of multiple responses.

‡ Total may not sum to 100% due to rounding.

Tables 10–14 examine the results for the question on the ‘most important’ factor that would encourage GPs intending to retire in the next 10 years to remain in general practice (among those who identified at least one factor that would encourage them to remain longer in general practice).

These tables show that there are significant differences by gender, time until retirement, age, practice location, and employment status:

- › Less stringent recertification requirements was rated as the ‘most important’ factor by a significantly higher percentage of respondents intending to retire in the next one to two years compared with those intending to retire in three years or more time. For example, 20 percent rated this as ‘most important’ compared with 5 percent for those intending to retire in six to 10 years.
- › On the other hand, respondents intending to retire in the next six to 10 years were more likely to rate as ‘most important’ ‘being able to have longer or more frequent holidays’ (17 percent and 9 percent respectively).
- › Male and female respondents rated as ‘most important’ the same factors to almost the same degree, with the exception of one factor. Female respondents were almost twice as likely as male respondents to identify as the ‘most important’ being able to have ‘longer appointment times or fewer patients per session’ (21 percent and 11 percent respectively).
- › A relatively small number of respondents aged 25–39 identified themselves as intending to retire in the next 10 years and, therefore, caution should be exercised when examining the results by age. Nevertheless, ‘longer appointment times or fewer patients per session’ is significantly more likely to be rated ‘most important’ by respondents in the 40–54-year age band compared with those in the 65 years and over age band, for example (21 percent and 11 percent respectively).
- › Remuneration is more of an issue for respondents in the 40–54-year age band compared with those in the 65 years and over age band, for example (16 percent and 7 percent respectively).
- › Less stringent recertification requirements was ranked as the ‘most important’ factor by 21 percent of those aged 65 and over, but this issue was of much less concern to younger respondents.
- › Respondents currently working in a practice that is not clearly urban or rural were significantly more likely than those working in a rural-based location to rate as ‘most important’ being able to have ‘longer appointment times or fewer patients per session’ (23 percent and 12 percent respectively). On the other hand, respondents currently working in rural-based locations were significantly more likely than respondents currently working in urban-based locations to rate as ‘most important’ ‘not having to take part in after-hours care rosters’ (19 percent and 11 percent).
- › Longer-term and shorter-term employees/contractors were significantly more likely than practice owners/partners to rate as ‘most important’ being able to have ‘longer appointment times or fewer patients per session’. For example, 23 percent of longer-term employees/contractors identified this factors compared with 10 percent of practice owners/partners.
- › Less stringent recertification requirements was ranked as the ‘most important factor’ by significantly more short-term employees/contractors compared with both long-term employees/contractors and practice owners/partners (28 percent, 9 percent, and 7 percent respectively).

Table 10. Most important factors likely to encourage GPs retiring in 10 years or less to remain longer in general practice, by time until retirement (n=1130)

| | Total | 1–2 years from now | 3–5 years from now | 6–10 years from now |
|--|-------------|-----------------------|-----------------------|------------------------|
| Unweighted base = | 1130 | 217 | 378 | 535 |
| | % | % | % | % |
| Longer appointment times or fewer patients per session | 16 | 15 | 16 | 17 |
| Being able to have longer or more frequent holidays | 16 | 9 | 18 | 17 |
| Not having to take part in after-hours care rosters | 13 | 10 | 11 | 15 |
| Higher remuneration | 12 | 10 | 12 | 13 |
| Less stringent recertification requirements | 10 | 20 | 11 | 5 |
| Having more flexibility to adjust my working hours | 8 | 6 | 6 | 10 |
| Being able to get quality locum cover at short notice | 4 | 2 | 3 | 5 |
| Being able to relinquish ownership in the practice | 4 | 5 | 6 | 2 |
| Being able to step back from management and governance responsibilities | 3 | 3 | 3 | 4 |
| Financial support for CPD | 1 | 0 | 1 | 1 |
| The practice adopting a Health Care Home model | 1 | 0 | 1 | 1 |
| More administrative support | 1 | 1 | 1 | 1 |
| More practice nurse support for clinical tasks | 1 | 1 | 1 | 1 |
| Improved access to CME | 0 | 0 | 0 | 0 |
| Being part of a support network of other doctors | 0 | 0 | 0 | 1 |
| Other | 12 | 18 | 11 | 9 |
| Total | 100 | 100 | 100 | 100 |

Total may not sum to 100% due to rounding.

Table 11. Most important factor likely to encourage GPs retiring in 10 years or less to remain longer in general practice, by gender (n=1122)

| | Total | Male | Female |
|--|-------------|------------|------------|
| Unweighted base = | 1122 | 583 | 539 |
| | % | % | % |
| Longer appointment times or fewer patients per session | 16 | 11 | 21 |
| Being able to have longer or more frequent holidays | 16 | 15 | 16 |
| Not having to take part in after-hours care rosters | 13 | 13 | 13 |
| Higher remuneration | 12 | 13 | 10 |
| Less stringent recertification requirements | 10 | 13 | 6 |
| Having more flexibility to adjust my working hours | 8 | 9 | 6 |
| Being able to get quality locum cover at short notice | 4 | 4 | 4 |
| Being able to relinquish ownership in the practice | 4 | 5 | 3 |
| Being able to step back from management and governance responsibilities | 3 | 4 | 3 |
| Financial support for CPD | 1 | 1 | 0 |
| The practice adopting a Health Care Home model | 1 | 1 | 1 |
| More administrative support | 1 | 1 | 1 |
| More practice nurse support for clinical tasks | 1 | 1 | 1 |
| Improved access to CME | 0 | 0 | 0 |
| Being part of a support network of other doctors | 0 | 0 | 0 |
| Other | 11 | 9 | 14 |
| Total | 100 | 100 | 100 |

Total may not sum to 100% due to rounding.

Table 12. Most important factors likely to encourage GPs retiring in 10 years or less to remain longer in general practice, by age (n=1130)

| | Total | 25–39 | 40–54 | 55–64 | 65+ |
|--|-------------|------------|------------|------------|------------|
| Unweighted base = | 1130 | 25* | 208 | 673 | 224 |
| | % | % | % | % | % |
| Longer appointment times or fewer patients per session | 16 | 32 | 21 | 16 | 11 |
| Being able to have longer or more frequent holidays | 16 | 8 | 19 | 15 | 13 |
| Not having to take part in after-hours care rosters | 13 | 4 | 15 | 13 | 11 |
| Higher remuneration | 12 | 24 | 16 | 12 | 7 |
| Less stringent recertification requirements | 10 | 4 | 4 | 8 | 21 |
| Having more flexibility to adjust my working hours | 8 | 4 | 7 | 8 | 7 |
| Being able to get quality locum cover at short notice | 4 | 4 | 2 | 5 | 2 |
| Being able to relinquish ownership in the practice | 4 | 0 | 0 | 5 | 5 |
| Being able to step back from management and governance responsibilities | 3 | 0 | 1 | 4 | 2 |
| Financial support for CPD | 1 | 0 | 1 | 0 | 2 |
| The practice adopting a Health Care Home model | 1 | 0 | 1 | 1 | 0 |
| More administrative support | 1 | 0 | 2 | 1 | 0 |
| More practice nurse support for clinical tasks | 1 | 0 | 1 | 1 | 1 |
| Improved access to CME | 0 | 0 | 0 | 0 | 0 |
| Being part of a support network of other doctors | 0 | 0 | 0 | 0 | 0 |
| Other | 12 | 20 | 8 | 11 | 17 |
| Total | 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 13. Most important factors likely to encourage GPs retiring in 10 years or less to remain longer in general practice, by practice location (n=1130)

| | Total | Urban | Not clearly urban or rural | Rural |
|---|-------------|------------|----------------------------|------------|
| Unweighted base = | 1130 | 840 | 107 | 183 |
| | % | % | % | % |
| Longer appointment times or fewer patients per session | 16 | 16 | 23 | 12 |
| Being able to have longer or more frequent holidays | 16 | 16 | 14 | 14 |
| Not having to take part in after-hours care rosters | 13 | 11 | 11 | 19 |
| Higher remuneration | 12 | 12 | 10 | 10 |
| Other | 12 | 11 | 11 | 13 |
| Less stringent recertification requirements | 10 | 9 | 10 | 15 |
| Having more flexibility to adjust my working hours | 8 | 7 | 9 | 9 |
| Being able to get quality locum cover at short notice | 4 | 5 | 1 | 2 |
| Being able to relinquish ownership in the practice | 4 | 5 | 1 | 2 |
| Being able to step back from management and governance responsibilities | 3 | 4 | 1 | 1 |
| Financial support for CPD | 1 | 0 | 2 | 1 |
| The practice adopting a Health Care Home model | 1 | 1 | 1 | 1 |
| More administrative support | 1 | 1 | 2 | 2 |
| More practice nurse support for clinical tasks | 1 | 1 | 1 | 1 |
| Improved access to CME | 0 | 0 | 2 | 0 |
| Being part of a support network of other doctors | 0 | 0 | 0 | 0 |
| Other | 12 | 11 | 11 | 13 |
| Total | 100 | 100 | 100 | 100 |

Total may not sum to 100% due to rounding.

Table 14. Most important factors likely to encourage GPs retiring in 10 years or less to remain longer in general practice, by employment status (n=1130)

| | Total | Practice owner/ partner | Long-term employee/ contractor | Short-term employee/ contractor | Other |
|---|-------|----------------------------|-----------------------------------|------------------------------------|-------|
| Unweighted base = | 1130 | 588 | 390 | 99 | 53 |
| | % | % | % | % | % |
| Longer appointment times or fewer patients per session | 16 | 10 | 23 | 23 | 13 |
| Being able to have longer or more frequent holidays | 16 | 16 | 17 | 6 | 15 |
| Not having to take part in after-hours care rosters | 13 | 15 | 11 | 11 | 9 |
| Higher remuneration | 12 | 12 | 15 | 6 | 4 |
| Less stringent recertification requirements | 10 | 7 | 9 | 28 | 8 |
| Having more flexibility to adjust my working hours | 8 | 7 | 9 | 6 | 13 |
| Being able to get quality locum cover at short notice | 4 | 7 | 2 | 0 | 0 |
| Being able to relinquish ownership in the practice | 4 | 7 | 0 | 0 | 2 |
| Being able to step back from management and governance responsibilities | 3 | 6 | 0 | 0 | 0 |
| Financial support for CPD | 1 | 0 | 1 | 2 | 0 |
| The practice adopting a Health Care Home model | 1 | 1 | 0 | 0 | 0 |
| More administrative support | 1 | 1 | 2 | 0 | 0 |
| More practice nurse support for clinical tasks | 1 | 1 | 1 | 2 | 2 |
| Improved access to CME | 0 | 0 | 0 | 0 | 0 |
| Being part of a support network of other doctors | 0 | 0 | 1 | 0 | 0 |
| Other | 12 | 10 | 11 | 15 | 34 |
| Total | 100 | 100 | 100 | 100 | 100 |

Total may not sum to 100% due to rounding.

Referrals from other doctors

This 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, and this section of the report is based on survey respondents who stated that other doctors sometimes refer their patients to them because they have 'experience in a particular condition, procedure, field of medicine or population group'.

This applies to 52 percent of all respondents or n=1437. All tables are based on the respondents in this subsample who answered the relevant questions, unless otherwise stated.

Male and female respondents were equally likely to receive referrals (both 52 percent). Respondents aged 50–69 were the most likely to receive referrals.

Respondents were asked to identify, from a list of 20 possibilities, the conditions, fields of medicine or population groups relevant to the referrals they receive. Respondents could list additional conditions or fields of medicine, and coding of these free-text responses increased the list from 20 to 34 items. Table 15 shows the wide range mentioned; however, 20 percent or more of respondents who received referrals mentioned four particular conditions or fields of medicine – namely **skin surgery** (37 percent), followed by **LARC insertion or removal** (27 percent), **joint injections** (24 percent), and **contraception** (21 percent).⁴

There are a number of significant differences by gender (Table 16) and age (Table 17):

- › Compared with female respondents who received referrals, **male respondents** who received referrals were significantly more likely to state that referrals were in relation to three specific conditions or fields of medicine, namely:
 - **skin surgery** (59 percent compared with 23 percent for females)
 - **joint injections** (41 percent compared with 10 percent)
 - **sports medicine** (14 percent compared with 4 percent).
- › **Female respondents** who received referrals on the other hand were significantly more likely to state they received referrals from other GPs for a wider range of conditions or fields of medicine. For example, compared with male respondents, female respondents were significantly more likely to state that they received referrals in relation to:
 - **LARC insertion or removal** (40 percent compared with 11 percent for male respondents)
 - **contraception** (34 percent compared with 5 percent)
 - **sexual health** (27 percent compared with 5 percent)

4 These percentages are based on those receiving referrals. If they are converted to percentages of all respondents, the percentages become 19 percent for 'skin surgery', 14 percent for 'LARCs', 12 percent for 'joint injections', and 11 percent for 'contraception'.

- **menopause** (22 percent compared with 1 percent)
 - **mental health** (18 percent compared with 10 percent)
 - **termination of pregnancy** (16 percent compared with 4 percent).
- › Certain conditions or fields of medicine tended to be more frequently mentioned by younger respondents and others by older respondents. For example, **younger respondents** who received referrals were more likely to mention they received referrals from other GPs for:
- **LARC insertion or removal** (38 percent of respondents aged 25–39 years compared with 26 percent for respondents aged 55–64 years, for example)
 - **contraception** (28 percent of respondents aged 25–39 years compared with 19 percent for respondents aged 55–64 years, for example)
 - **sexual health** (25 percent of respondents aged 25–39 years compared with 14 percent for respondents aged 55–64 years, for example)
 - **termination of pregnancy** (16 percent of respondents aged 25–39 years compared with 9 percent for respondents aged 55–64 years, for example)
 - **cultural or language expertise** (11 percent of respondents aged 25–39 years compared with 5 percent for respondents aged 55–64 years, for example).
- › On the other hand, **older respondents** who received referrals were more likely to mention they received referrals from other GPs for:
- **skin surgery** (43 percent of respondents aged 65 years and over compared with 35 percent of respondents aged 25–39 years, for example)
 - **joint injections** (30 percent of respondents aged 65 years and over compared with 16 percent of respondents aged 25–39 years, for example).

Certain conditions or fields of medicine tended to be more frequently mentioned by younger respondents and others by older respondents

Table 15. Relevant areas of practice for respondents receiving referrals (n=1437)

| | Total |
|---|--------------|
| Unweighted base = | 1437* |
| | % |
| Skin surgery | 39 |
| LARC insertion or removal | 27 |
| Joint injections | 24 |
| Contraception | 21 |
| Sexual health | 17 |
| Mental health | 14 |
| Menopause | 12 |
| Termination of pregnancy | 11 |
| Palliative care | 9 |
| Cultural or language expertise | 9 |
| Sports medicine | 8 |
| Travel medicine | 8 |
| Adolescent health | 7 |
| Maternity or antenatal care | 7 |
| Geriatric care/dementia | 7 |
| Vasectomy | 4 |
| Addiction | 3 |
| FNA, point-of-care ultrasound or other diagnostic procedures | 3 |
| Allergies | 2 |
| Women's health | 2 |
| Accident and urgent medicine | 2 |
| CAM/integrative medicine | 2 |
| Musculoskeletal medicine | 2 |
| Vein surgery | 1 |
| Intravenous therapy | 1 |
| Minor surgery (not skin) | 1 |
| Sexual assault and domestic violence | 1 |
| Miscellaneous medical examinations | 1 |
| Occupational medicine | 1 |
| High-needs/complex patients | 1 |
| Paediatrics | 1 |
| ENT | 1 |
| Diabetes and insulin initiation | 1 |
| Aviation medicine | 1 |
| Other | 5 |

Total may exceed 100% because of multiple responses.

Table 16. Relevant areas of practice for respondents receiving referrals, by gender of respondent (n=1432)

| | Total | Male | Female |
|--|-------|------|--------|
| Unweighted base = | 1432* | 640 | 792 |
| | % | % | % |
| Skin surgery | 39 | 59 | 23 |
| LARC insertion or removal | 27 | 11 | 40 |
| Joint injections | 24 | 41 | 10 |
| Contraception | 21 | 5 | 34 |
| Sexual health | 17 | 5 | 27 |
| Mental health | 14 | 10 | 18 |
| Menopause | 12 | 1 | 22 |
| Termination of pregnancy | 11 | 4 | 16 |
| Palliative care | 9 | 10 | 8 |
| Cultural or language expertise | 9 | 7 | 11 |
| Sports medicine | 8 | 14 | 4 |
| Travel medicine | 8 | 8 | 8 |
| Adolescent health | 7 | 2 | 12 |
| Maternity or antenatal care | 7 | 2 | 11 |
| Geriatric care/dementia | 7 | 8 | 6 |
| Vasectomy | 4 | 7 | 1 |
| Addiction | 3 | 4 | 2 |
| FNA, point-of-care ultrasound or other diagnostic procedures | 3 | 4 | 2 |
| Allergies | 2 | 2 | 2 |
| Women's health | 2 | 0 | 3 |
| Accident and urgent medicine | 2 | 1 | 2 |
| CAM/integrative medicine | 2 | 1 | 3 |
| Musculoskeletal medicine | 2 | 2 | 1 |
| Vein surgery | 1 | 2 | 0 |
| Intravenous therapy | 1 | 1 | 1 |
| Minor surgery (not skin) | 1 | 1 | 1 |
| Sexual assault and domestic violence | 1 | 0 | 2 |
| Miscellaneous medical examinations | 1 | 1 | 1 |
| Occupational medicine | 1 | 2 | 0 |
| High-needs/complex patients | 1 | 1 | 1 |
| Paediatrics | 1 | 1 | 1 |
| ENT | 1 | 2 | 0 |
| Diabetes and insulin initiation | 1 | 0 | 1 |
| Aviation medicine | 1 | 1 | 0 |
| Other | 5 | 7 | 4 |

Total may exceed 100% because of multiple responses.

Table 17. Relevant areas of practice for respondents receiving referrals, by age of respondent (n=1437)

| | Total | 25–39 | 40–54 | 55–64 | 65+ |
|--|-------|-------|-------|-------|-----|
| Unweighted base = | 1437* | 276 | 513 | 480 | 168 |
| | % | % | % | % | % |
| Skin surgery | 39 | 35 | 37 | 42 | 43 |
| LARC insertion or removal | 27 | 38 | 27 | 26 | 11 |
| Joint injections | 24 | 16 | 23 | 28 | 30 |
| Contraception | 21 | 28 | 23 | 19 | 8 |
| Sexual health | 17 | 25 | 18 | 14 | 11 |
| Mental health | 14 | 11 | 18 | 14 | 12 |
| Menopause | 12 | 9 | 15 | 13 | 7 |
| Termination of pregnancy | 11 | 16 | 12 | 9 | 6 |
| Palliative care | 9 | 4 | 11 | 9 | 14 |
| Cultural or language expertise | 9 | 11 | 12 | 5 | 9 |
| Sports medicine | 8 | 7 | 9 | 8 | 7 |
| Travel medicine | 8 | 8 | 9 | 6 | 8 |
| Adolescent health | 7 | 9 | 10 | 5 | 1 |
| Maternity or antenatal care | 7 | 8 | 7 | 8 | 5 |
| Geriatric care/dementia | 7 | 2 | 7 | 9 | 8 |
| Vasectomy | 4 | 1 | 3 | 6 | 3 |
| Addiction | 3 | 1 | 4 | 2 | 5 |
| FNA, point-of-care ultrasound or other diagnostic procedures | 3 | 2 | 3 | 3 | 2 |
| Allergies | 2 | 1 | 3 | 1 | 0 |
| Women's health | 2 | 2 | 1 | 2 | 1 |
| Accident and urgent medicine | 2 | 2 | 1 | 3 | 2 |
| CAM/integrative medicine | 2 | 2 | 3 | 1 | 1 |
| Musculoskeletal medicine | 2 | 1 | 1 | 2 | 3 |
| Vein surgery | 1 | 0 | 1 | 1 | 2 |
| Intravenous therapy | 1 | 0 | 1 | 1 | 1 |
| Minor surgery (not skin) | 1 | 0 | 1 | 1 | 0 |
| Sexual assault and domestic violence | 1 | 1 | 1 | 1 | 3 |
| Miscellaneous medical examinations | 1 | 0 | 1 | 1 | 1 |
| Occupational medicine | 1 | 0 | 1 | 1 | 0 |
| High-needs/complex patients | 1 | 0 | 1 | 1 | 0 |
| Paediatrics | 1 | 1 | 1 | 1 | 2 |
| ENT | 1 | 1 | 1 | 1 | 1 |
| Diabetes and insulin initiation | 1 | 0 | 1 | 1 | 0 |
| Aviation medicine | 1 | 0 | 1 | 1 | 1 |
| Other | 5 | 3 | 5 | 5 | 8 |

Total may exceed 100% because of multiple responses.

Mobility between practices

This 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, and this section of the report is based on all survey respondents who answered the questions related to mobility.

All tables are based on the respondents who answered the relevant questions, unless otherwise stated.

College members had expressed concern at the levels of GP mobility between practices. High levels of mobility can potentially decrease continuity of patient care, with consequent negative effects on the quality of care and its acceptability to patients. Frequent staff changes also increases the need for time to be spent on recruitment and orientation. This is time that could otherwise be spent providing patient care.

As a result of this concern, questions were included in the survey to attempt to explore the issue of mobility. No attempt was made to ascertain what level of mobility was acceptable. Respondents were asked two questions: how long they had been working in the practice in which they are currently working, and how likely or unlikely they thought it was that they would still be working there in 24 months' time.

The analysis and commentary presented in this section excludes GPEP registrars. Registrars usually work in two different practices during their first GPEP year, then move to a third practice at the beginning of their second GPEP year; hence, registrars are mobile by their very nature. Therefore, to examine the actual levels of GP mobility between practices, the 19 percent of respondents who are registrars have been excluded.

It is likely that the survey underestimates overall mobility to some extent as international medical graduates (IMGs) working in general practice under short-term special purpose scopes of practice⁵ are unlikely to have been sent the survey.

5 Medical Council of New Zealand. Special Purpose (locum tenens) registration [Internet]. Wellington, NZ: Medical Council of New Zealand [cited 2019 Feb 8]. Available from: <https://www.mcnz.org.nz/get-registered/scopes-of-practice/special-purpose-scope/special-purpose-locum-tenens-registration/>

Time in current practice

Table 18 shows that the average time (in years) that respondents had been working in the practice in which they are currently working is 12.2 years. Many respondents had been working in their practice for a relatively long period of time, with 50 percent stating they had been working in the practice for 11 or more years. Fewer had been working in their practice for less than five years (28 percent) and another 22 percent between five and 10 years.

Table 18. Years working in current practice, excluding registrars (n=2197)

| | Total |
|---------------------------|-------------|
| Unweighted base = | 2197 |
| | % |
| Less than a year | 8 |
| 1–2 years | 8 |
| 3–4 years | 12 |
| 5–10 years | 22 |
| 11–15 years | 12 |
| 16–20 years | 10 |
| More than 20 years | 28 |
| Total | 100 |
| Average years | 12.2 |

Total may not sum to 100% due to rounding.

50%
of respondents
stated they had
been working
in their current
practice for 11 or
more years

There are a number of significant differences by age, practice location, and ownership status:

- › For example, **respondents in the 25–39-year age band** stated they had been in the practice in which they are currently working for an average of 4.5 years, with 62 percent working in the practice for less than five years (Table 19).

In comparison, **respondents in the 55–64-year age band and the 65-year and over age band** stated they had been working in their practices for an average of 15.8 years and 15.1 years respectively. In fact, 47 percent and 48 percent respectively had been working in the practice for more than 20 years. However, possibly reflecting locum work by GPs in these two age groups, 16 percent and 21 percent respectively had been working in the practice for less than five years.

- › Table 20 shows that, not surprisingly, **practice owners/partners** had been in the practice in which they are currently working longer than any other employment group. Reflecting the demographic profile of owners/partners (namely male and older), their average was 16.6 years, with almost a half (47 percent) stating they had worked in the practice for over 20 years.
- › In comparison, the average for **long-term employees/contractors** was 8.9 years, with the highest percentage (28 percent) stating they had worked in the practice for between five and 10 years, although some had worked longer.
- › Table 21 shows that, even with registrars removed, the percentage of **rural respondents** who had worked in the practice for less than a year is significantly higher than the percentage for urban respondents (13 percent and 8 percent respectively). However, the difference in the average length of time in the practice does not reach statistical significance, meaning that there are no significant differences by practice location on this basis. Nevertheless, there is a tendency for those respondents working in a general practice that is not clearly located in an urban or rural area to have been working in the practice for a longer period of time (ie more than 20 years).

13%

of rural respondents had worked in their current practice for less than a year compared with 8 percent of urban respondents

Table 19. Years working in current practice, by age, excluding registrars (n=2197)

| | Total | 25–39 | 40–54 | 55–64 | 65+ |
|---------------------------|-------------|------------|------------|------------|------------|
| Unweighted base = | 2197 | 275 | 807 | 821 | 294 |
| | % | % | % | % | % |
| Less than a year | 8 | 16 | 9 | 5 | 8 |
| 1–2 years | 8 | 19 | 10 | 5 | 5 |
| 3–4 years | 12 | 27 | 13 | 6 | 8 |
| 5–10 years | 22 | 37 | 26 | 14 | 17 |
| 11–15 years | 12 | 1 | 18 | 12 | 6 |
| 16–20 years | 10 | 0 | 13 | 12 | 8 |
| More than 20 years | 28 | 0 | 12 | 47 | 48 |
| Total | 100 | 100 | 100 | 100 | 100 |
| Average years | 12.2 | 4.5 | 10.1 | 15.8 | 15.1 |

Total may not sum to 100% due to rounding.

Table 20. Years working in current practice by employment status, excluding registrars (n=2197)

| | Total | Practice owner/ partner | Long-term employee/ contractor | Short-term employee/ contractor | Other |
|---------------------------|-------------|----------------------------|--------------------------------------|---------------------------------------|-----------|
| Unweighted base = | 2197 | 969 | 988 | 171 | 69 |
| | % | % | % | % | % |
| Less than a year | 8 | 2 | 9 | 39 | 10 |
| 1–2 years | 8 | 3 | 12 | 14 | 12 |
| 3–4 years | 12 | 6 | 18 | 9 | 6 |
| 5–10 years | 22 | 16 | 28 | 18 | 20 |
| 11–15 years | 12 | 13 | 12 | 4 | 12 |
| 16–20 years | 10 | 14 | 8 | 5 | 9 |
| More than 20 years | 28 | 47 | 12 | 12 | 32 |
| Total | 100 | 100 | 100 | 100 | 100 |
| Average years | 12.2 | 16.6 | 8.9 | 6.3 | 12.6 |

Total may not sum to 100% due to rounding.

Table 21. Years working in current practice by practice location, excluding registrars (n=2197)

| | Total | Urban | Not clearly urban or rural | Rural |
|---------------------------|-------------|-------------|-------------------------------|------------|
| Unweighted base = | 2197 | 1668 | 187 | 342 |
| | % | % | % | % |
| Less than a year | 8 | 8 | 3 | 13 |
| 1–2 years | 8 | 8 | 7 | 9 |
| 3–4 years | 12 | 11 | 10 | 14 |
| 5–10 years | 22 | 22 | 25 | 17 |
| 11–15 years | 12 | 12 | 13 | 10 |
| 16–20 years | 10 | 11 | 9 | 9 |
| More than 20 years | 28 | 28 | 34 | 28 |
| Total | 100 | 100 | 100 | 100 |
| Average years | 12.2 | 12.2 | 13.5 | 11.4 |

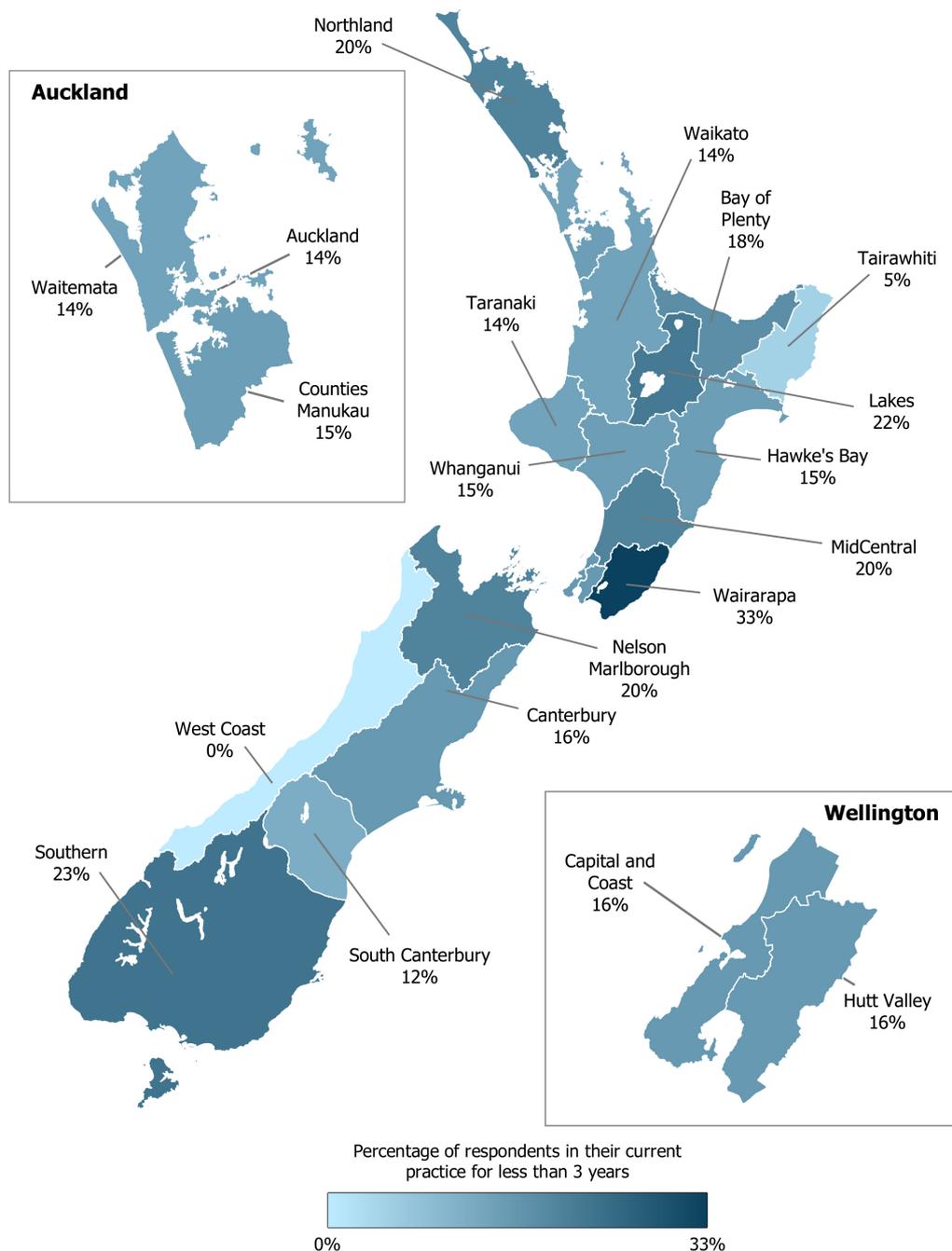
Total may not sum to 100% due to rounding.

District health boards (DHBs) varied in terms of the percentage of GPs working in their current practice for less than three years. The DHBs with the most mobile respondents were Wairarapa, where 33 percent of respondents had worked in their current practice for less than three years, Southern (23 percent), Lakes (22 percent), and MidCentral, Northland and Nelson Marlborough (all 20 percent). Results from Wairarapa, West Coast, South Canterbury and Whanganui DHBs should be interpreted with caution due to the small numbers of responses.

Figure 1. Percentage of GPs working in their current practice for less than three years (excludes registrars)

Percentage of general practitioners working in their current practice for less than 3 years (excludes registrars)

Respondents by DHB (RNZCGP 2018)



Future mobility

This section looks at anticipated future mobility as estimated by the response to the second question, “All other things being equal, how likely would you say you are to be still working in the same practice in 24 months’ time?”

More than three-quarters of respondents (81 percent) stated that, in 24 months’ time, it was likely they would still be working in the practice in which they are currently working (Table 22). However, the table also shows that almost one in five stated it was unlikely (19 percent), indicating a reasonable level of mobility.

Table 22. Likelihood to be working in the same practice in 24 months, excluding registrars (n=2197)

| | Total |
|--------------------------|-------------|
| Unweighted base = | 2197 |
| | % |
| Not at all likely | 9 |
| Unlikely | 10 |
| Likely | 35 |
| Extremely likely | 46 |
| Total | 100 |

Total may not sum to 100% due to rounding.

There are a number of significant differences by gender, age, employment status, practice ownership, practice location, place of first medical qualification, and burn-out:

- › The majority of **both male and female respondents** stated that, in 24 months’ time, it was likely that they would be working in the general practice in which they are currently working (Table 23). However, female respondents were significantly more likely than male respondents to state this would be the case (83 percent and 78 percent respectively).
- › While the majority of respondents in all age bands stated that it was likely they would be working in the general practice in which they are currently working, the percentage stating this decreases with age.

The greatest stability is exhibited by **respondents in the 40–54-year age band** (89 percent stated that, in 24 months’ time, it was likely they would be working in the practice in which they are currently working), followed by **those in the 25–39-year age band** (86 percent; Table 24).

In comparison, only 54 percent of **respondents in the 65-year and over age band** stated that, in 24 months’ time, it was likely they would be working in the practice in which they are currently working. In fact, 21 percent stated ‘it was not at all likely’.

- › Table 25 shows that **practice owners/partners and long-term employees/contractors** are the most stable with regard to the likelihood that, in 24 months’ time, they would be working in the practice in which they are currently working (87 percent and 84 percent respectively). In fact, 61 percent of practice owners/partners stated this was ‘extremely likely’ compared with only 39 percent of long-term employees/contractors.

In comparison, less than half of **short-term employees/contractors** (40 percent) stated that, in 24 months' time, it was likely that they would be working in the practice in which they are currently working.

- › Reflecting the above results, **respondents currently working in a practice that is GP-owned** (many of whom will themselves be owners or partners) were more likely than respondents working in practices that are owned under a different model to state that, in 24 months' time, they would be working in the practice in which they are currently working. For example, this applies to 84 percent of respondents currently working in a practice that is GP-owned, compared with 73 percent of those working in corporate-owned practices (Table 26).
- › Table 27 shows that, irrespective of the location of the practice, it is likely that, in 24 months' time, the majority of respondents will be working in the practice in which they are currently working. However, while the rate of stability is 75 percent for those located in **rural-based practices**, this is not as high as those in **urban-based practices** (83 percent). In fact, 25 percent of those who are currently working in a rural-based practice stated it was unlikely that, in 24 months' time, they would be working in the practice in which they are currently working.
- › Both New Zealand-qualified and internationally qualified respondents stated that, in 24 months' time, it was likely they would be working in the practice in which they are currently working, although **IMGs** were slightly less likely to state this (78 percent compared with 82 percent for New Zealand-qualified respondents; Table 28).
- › Table 29 shows that the majority of respondents, regardless of whether or not they are burnt out, stated that, in 24 months' time, it was likely they would be working in the practice in which they are currently working. However, this is less likely to have been stated by **those who feel burnt out** (74 percent) compared with **those who are not burnt out** (84 percent).

Table 23. Likelihood to be working in the same practice in 24 months by gender, registrars excluded (n=2188)

| | Total | Male | Female |
|--------------------------|-------------|-------------|-------------|
| Unweighted base = | 2188 | 1018 | 1170 |
| | % | % | % |
| Not at all likely | 9 | 11 | 7 |
| Unlikely | 10 | 11 | 10 |
| Likely | 35 | 33 | 37 |
| Extremely likely | 46 | 45 | 46 |
| Total | 100 | 100 | 100 |

Total may not sum to 100% due to rounding.

25%
of respondents working in rural practices stated it was unlikely that, in 24 months' time, they would be working in the practice in which they are currently working

Table 24. Likelihood to be working in the same practice in 24 months by age, registrars excluded (n=2197)

| | Total | 25–39 | 40–54 | 55–64 | 65+ |
|--------------------------|-------------|------------|------------|------------|------------|
| Unweighted base = | 2197 | 275 | 807 | 821 | 294 |
| | % | % | % | % | % |
| Not at all likely | 9 | 8 | 4 | 9 | 21 |
| Unlikely | 10 | 7 | 7 | 9 | 25 |
| Likely | 35 | 39 | 33 | 37 | 34 |
| Extremely likely | 46 | 47 | 56 | 45 | 20 |
| Total | 100 | 100 | 100 | 100 | 100 |

Total may not sum to 100% due to rounding.

Table 25. Likelihood to be working in the same practice in 24 months by employment status, registrars excluded (n=2197)

| | Total | Practice owner/partner | Long-term employee/contractor | Short-term employee/contractor | Other |
|--------------------------|-------------|------------------------|-------------------------------|--------------------------------|-----------|
| Unweighted base = | 2197 | 969 | 988 | 171 | 69 |
| | % | % | % | % | % |
| Not at all likely | 9 | 6 | 6 | 33 | 19 |
| Unlikely | 10 | 7 | 10 | 27 | 17 |
| Likely | 35 | 26 | 45 | 28 | 36 |
| Extremely likely | 46 | 61 | 39 | 12 | 28 |
| Total | 100 | 100 | 100 | 100 | 100 |

Total may not sum to 100% due to rounding.

Table 26. Likelihood to be working in the same practice in 24 months by ownership (n=2197)

| | Total | GP owned | Community owned | Corporate owned | PHO owned | DHB owned | Iwi owned | University owned | Other |
|--------------------------|-------------|-------------|-----------------|-----------------|-----------|-------------|-----------|------------------|-----------|
| Unweighted base = | 2197 | 1594 | 135 | 197 | 71 | 25** | 39 | 37 | 99 |
| | % | % | % | % | % | % | % | % | % |
| Not at all likely | 9 | 8 | 8 | 11 | 13 | 20 | 8 | 11 | 17 |
| Unlikely | 10 | 9 | 15 | 17 | 14 | 20 | 10 | 24 | 11 |
| Likely | 35 | 32 | 42 | 47 | 42 | 32 | 54 | 41 | 36 |
| Extremely likely | 46 | 52 | 35 | 26 | 31 | 28 | 28 | 24 | 35 |
| Total | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |

Total may not sum to 100% due to rounding.

Table 27. Likelihood to be working in the same practice in 24 months by practice location, registrars excluded (n=2197)

| | Total | Urban | Not clearly urban or rural | Rural |
|--------------------------|-------------|-------------|----------------------------|------------|
| Unweighted base = | 2197 | 1668 | 187 | 342 |
| | % | % | % | % |
| Not at all likely | 9 | 7 | 13 | 14 |
| Unlikely | 10 | 10 | 12 | 11 |
| Likely | 35 | 36 | 31 | 32 |
| Extremely likely | 46 | 47 | 44 | 43 |
| Total | 100 | 100 | 100 | 100 |

Total may not sum to 100% due to rounding.

Table 28. Likelihood to be working in the same practice in 24 months, by New Zealand-qualified and internationally qualified respondents, registrars excluded (n=2197)

| | Total | New Zealand graduates | IMGs |
|--------------------------|-------------|-----------------------|------------|
| Unweighted base = | 2197 | 1301 | 896 |
| | % | % | % |
| Not at all likely | 9 | 8 | 10 |
| Unlikely | 10 | 10 | 11 |
| Likely | 35 | 33 | 37 |
| Extremely likely | 46 | 49 | 41 |
| Total | 100 | 100 | 100 |

Total may not sum to 100% due to rounding.

Table 29. Likelihood to be working in the same practice in 24 months by burn-out, registrars excluded (n=2197)

| | Total | Not burnt out (0–3) | Neutral (4–6) | Burnt out (7–10) |
|--------------------------|-------------|---------------------|---------------|------------------|
| Unweighted base = | 2197 | 863 | 723 | 611 |
| | % | % | % | % |
| Not at all likely | 9 | 7 | 8 | 12 |
| Unlikely | 10 | 9 | 10 | 13 |
| Likely | 35 | 31 | 37 | 38 |
| Extremely likely | 46 | 53 | 45 | 36 |
| Total | 100 | 100 | 100 | 100 |

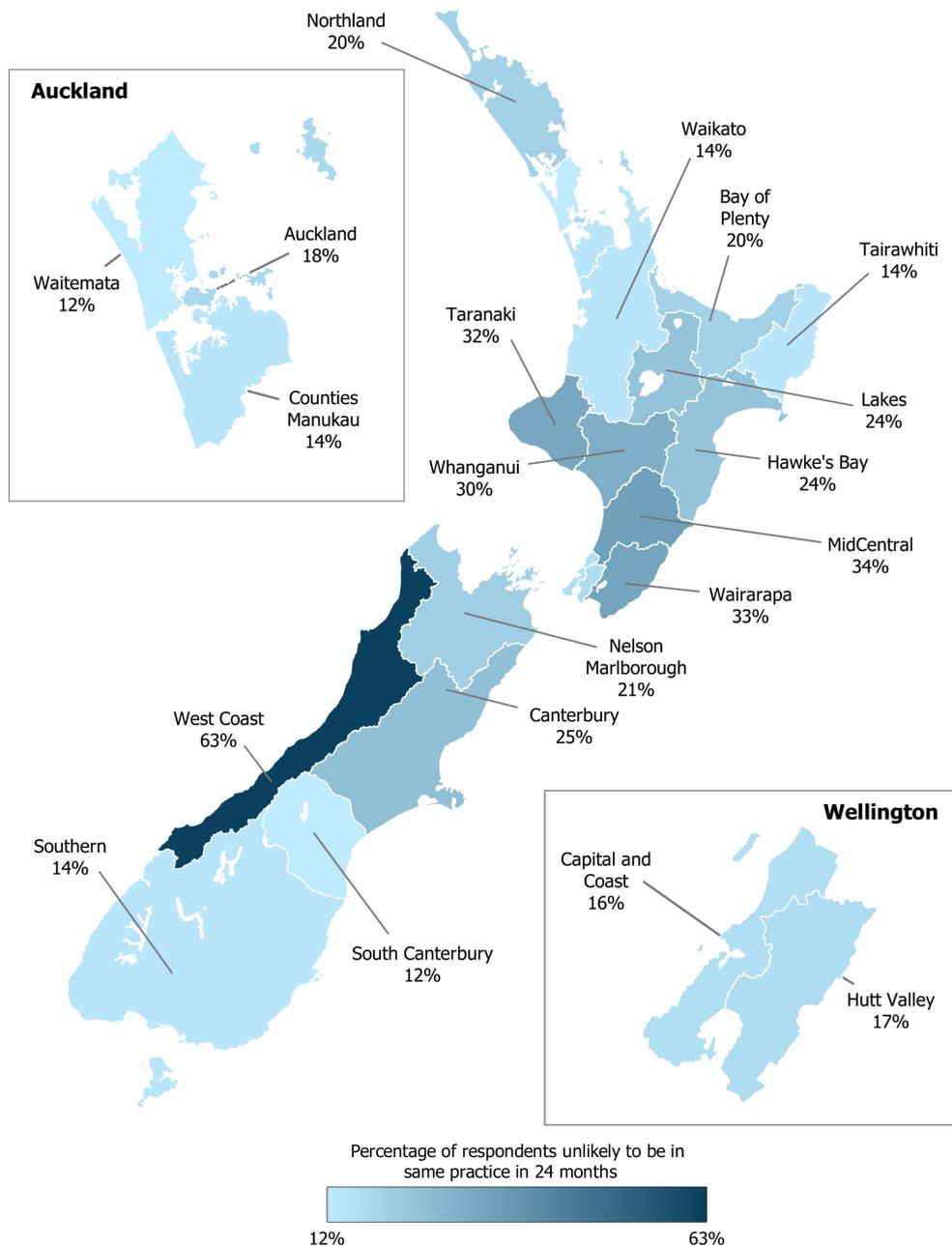
Total may not sum to 100% due to rounding.

DHBs varied in terms of the likelihood of GPs still working in the same practice in 24 months' time. As illustrated in Figure 2, the DHBs with the highest percentage of respondents unlikely to be working in the same practice in 24 months' time are West Coast (63 percent),⁶ MidCentral (34 percent), Wairarapa (33 percent), Taranaki (32 percent) and Whanganui (30 percent). However, results from Wairarapa, West Coast, South Canterbury and Whanganui DHBs should be interpreted with caution due to the small numbers of responses.

Figure 2. Percentage of GPs unlikely to be working in the same practice in 24 months' time (excludes registrars)

Percentage of general practitioners unlikely to be working in the same practice in 24 months' time (excludes registrars)

Respondents by DHB (RNZCGP 2018)



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 each 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 from 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 demographic 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.

The survey was designed in such a way that questions that were not relevant to particular respondents (identified by the way they had answered preceding questions) did not appear. In addition some questions were not compulsory 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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